



Wellness action plan

Use this plan with the employee/employer companion document

| | | | |
|---|--|--|--|
| Name | | | |
| Line manager | | | |
| HR contact name | | | |
| Supporter name(s) (if applicable) e.g. close family member, friend or colleague | | | |
| GP surgery and phone number | | | |
| Help@Hand | 24/7 freephone helpline for Employee Assistance Programme: 0808 304 3698 | | |
| Mental Health Team (if applicable) e.g. 24 hour helpline | | | |
| Emergency contact (may be same as supporter name) | | | |
| Other useful contacts | | | |

WELLNESS CONTINUUM

| Healthy I am feeling my best | Flaring/reacting I am experiencing symptoms but still able to work | Off work I am experiencing symptoms and unable to work |
|--|--|--|
| What would I be aware of at each stage and what would my manager/colleagues notice about me at each stage? consider physical/mental health symptoms, energy levels, concentration, relationships/interaction with others, productivity at work | | |
| | | |

WELLNESS CONTINUUM

Hybrid working/Home working if applicable –

For example, specifics relating to your condition, situations at work or at home, relationships, your response to pressure/stress/change.

What are your current/intended working arrangements in relation to home and office working?

When working at home, are there any details you would like to share with your manager about your working situation? For example, working in a communal area, living alone or in a busy household?

Are there any characteristics of your individual working style that you'd like to make your manager aware of when working remotely? For example a preference for face to face conversations, digital communications when being allocated work, frequency of contact.

WELLNESS CONTINUUM

| Any triggers that I am aware of that affect my health – For example, specifics relating to your condition, situations at work or at home, relationships, your response to pressure/stress/change. | Personal wellbeing and coping strategies that are helpful inside and outside of work – what I do that helps | Workplace support or adjustments that are/may be helpful – what my employer could do/does that helps, for example, consider frequency of contact, support with workload, how feedback is provided, how training is provided. |
|---|--|---|
| | | |

RECORD OF ADJUSTMENTS AND SUPPORT IN PLACE

Record of current support and adjustments in place (this should be updated after wellbeing meetings)

| Support/adjustment | Expected duration | Adjustment review date |
|--|-------------------|------------------------|
| Wellbeing meetings to review progress and this plan will be held every: | | |
| Time off for appointments/ treatment sessions will be managed as follows | | |
| Absence relating to this condition will be managed as follows: | | |
| Other adjustments/support agreed | | |
| Other adjustments/support agreed | | |
| Other adjustments/support agreed | | |

KEEPING IN TOUCH

In addition to the standard absence reporting practice, if I am absent from work for a reason relating to my health condition, contact with my manager will take place as follows:

| | |
|---|--|
| Who will contact who | |
| How will contact be made | |
| How often (daily, weekly, monthly) | |
| When (preferred day/ time) | |
| During this contact we will discuss (edit as needed): | |
| When planning a return to work, we have agreed to discuss (edit as needed): | |

ADVANCE STATEMENT



If you need help
or would like more
information, please call
our Rehab helpline on
01306 646 001

| Name | Role | Signature | Date |
|------|-----------------|-----------|------|
| | Employee | | |
| | Line manager/HR | | |

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